

# Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

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1400 E. Washington Avenue  
Madison, WI 53703  
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## CHIROPRACTIC EXAMINING BOARD

### INSTRUCTIONS FOR PRECEPTORSHIP APPLICATION IN WISCONSIN

1. The enclosed application form (#2064) must be completed by the preceptorship program administrator of the college, chiropractor/preceptor, and the student **and MUST BE RECEIVED BY THE BUREAU OF HEALTH SERVICE PROFESSIONS NO LATER THAN 30 CALENDAR DAYS PRIOR TO THE MONTHLY BOARD MEETING (meeting schedule below).**
2. The following requirements must be met prior to submitting the form:
  - a. The chiropractic college is approved by the board;
  - b. The preceptorship program is an established component of the curriculum of the college;
  - c. The preceptorship program has been reviewed and approved by the Wisconsin Chiropractic Examining Board;
  - d. The student who participates in the program must be in the last semester, trimester or quarter of their education and have met all requirements for graduation except for completion of the preceptorship period;
  - e. The chiropractor/preceptor may supervise no more than one student at any one time;
  - f. Certification that the preceptor is a faculty member of the college;
  - g. Verification that the chiropractor/preceptor's Wisconsin license is in good standing; and
  - h. A student will be scheduled with only ONE preceptor during the period of the preceptorship.

### DEADLINE

Applications and all supporting documents must be filed in the board office **at least 30 days prior** to the date listed below in order for you to test on that date.

<u>Exam Date</u>	<u>Deadline Date</u>		<u>Exam Date</u>	<u>Deadline Date</u>
January 16, 2003	December 17, 2002		July 17, 2003	June 17, 2003
February 27, 2003	January 28, 2003		August 21, 2003	July 22, 2003
March 20, 2003	February 18, 2003		September 18, 2003	August 19, 2003
April 17, 2003	March 18, 2003		October 16, 2003	September 16, 2003
May 15, 2003	April 15, 2003		November 13, 2003	October 14, 2003
June 19, 2003	May 20, 2003		December 18, 2003	November 18, 2003

A schedule of Chiropractic Examining Board meetings for the coming year will be sent to chiropractic colleges in November of each year.

**A LIST OF THE CHIROPRACTORS IN WISCONSIN WHO WILL BE ACTING AS PRECEPTORS IN THE PROGRAM MUST BE PROVIDED TO THE BOARD AT LEAST 45 DAYS PRIOR TO EVERY TRIMESTER OR ACADEMIC QUARTER (per Chiro 9.03(6) of the *Wisconsin Statutes and Administrative Code relating to the Practice of Chiropractic*)**

**NOTE:** Refer to Form #2064 for reasons of termination of the preceptorship program.

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## CHIROPRACTIC EXAMINING BOARD

### CHIROPRACTIC COLLEGE PRECEPTORSHIP PROGRAM APPROVAL REQUEST FORM

The following must be completed by the administrator of the preceptorship program at the college.

#### ADMINISTRATOR APPLICATION

PLEASE TYPE OR PRINT IN INK

Chiropractic College	Address	
Contact Person	Daytime Telephone	
Name of Preceptor	Address	
Name of Student	Period of Preceptorship (dates)	Graduation Date

1. IS THE PRECEPTORSHIP PROGRAM AN ESTABLISHED COMPONENT OF THE CURRICULUM OF THE COLLEGE?  
☐ Yes ☐ No
2. HAS THIS PROGRAM BEEN REVIEWED & APPROVED BY THE WISCONSIN CHIROPRACTIC EXAMINING BOARD?  
☐ Yes ☐ No
3. IS THE PRECEPTOR A FACULTY MEMBER OF THE CHIROPRACTIC COLLEGE?  
☐ Yes ☐ No
4. HAS A LIST OF FACULTY MEMBERS, WHICH INCLUDES THIS PRECEPTOR, BEEN SUBMITTED FOR APPROVAL BY THE CHIROPRACTIC EXAMINING BOARD?  
☐ Yes ☐ No

\_\_\_\_\_  
(Preceptorship Program Administrator)

\_\_\_\_\_  
(Date)

The following questions must be completed by the preceptor.

#### PRECEPTOR APPLICATION

5. ARE YOU A GRADUATE FROM CHIROPRACTIC COLLEGE?  
☐ Yes ☐ No If yes, list name and address of college.
6. HAVE YOU BEEN IN CONTINUOUS CHIROPRACTIC PRACTICE IN WISCONSIN FOR THE PREVIOUS 5 YEARS?  
☐ Yes ☐ No
7. HAS YOUR LICENSE EVER BEEN DENIED, RESTRICTED, REVOKED, SUSPENDED, LIMITED, SURRENDERED OR CANCELLED, OR HAS ANY OTHER DISCIPLINARY ACTION BEEN TAKEN AGAINST YOUR LICENSE IN THIS STATE OR ANY OTHER JURISDICTION?  
☐ Yes ☐ No If yes, give details on an attached sheet.
8. HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION OF LAW GOVERNING THE PRACTICE OF CHIROPRACTIC OR ANY OTHER PROFESSION IN THIS STATE OR ANY OTHER JURISDICTION?  
☐ Yes ☐ No If yes, give details on an attached sheet.
9. HAS YOUR LICENSE TO PRACTICE ANY OTHER PROFESSION EVER BEEN DENIED, RESTRICTED, REVOKED, SUSPENDED, LIMITED, SURRENDERED OR CANCELLED, OR HAS ANY OTHER DISCIPLINARY ACTION BEEN TAKEN AGAINST YOUR LICENSE TO PRACTICE ANY PROFESSION IN ANY OTHER JURISDICTION?  
☐ Yes ☐ No If yes, which states(s)? \_\_\_\_\_  
If yes, give details on an attached sheet.

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10. HAVE YOU OR YOUR CLINIC EVER BEEN THE DEFENDANT IN A LAWSUIT ALLEGING ANY FORM OF MALPRACTICE OR INCOMPETENCE IN THE PRACTICE OF CHIROPRACTIC OR ANY OTHER PROFESSIONAL SERVICES?  
☐ Yes ☐ No If yes, submit a copy of the suit or claim and the final settlement or disposition.
11. HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSE OR ARE YOU SUBJECT TO A PENDING CHARGE (EXCLUDING MINOR TRAFFIC VIOLATIONS)?  
☐ Yes ☐ No If yes, give details on an attached sheet.

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The following questions must be completed by the student.

## STUDENT APPLICATION

12. ARE YOU IN YOUR LAST ACADEMIC QUARTER, SEMESTER, OR TRIMESTER OF STUDY?  
☐ Yes ☐ No
13. ARE YOU ELIGIBLE FOR GRADUATION FROM THE COLLEGE OF CHIROPRACTIC EXCEPT FOR COMPLETION OF A PRECEPTORSHIP PERIOD?  
☐ Yes ☐ No
14. IF YOU HAVE GRADUATED, ARE YOU APPLYING FOR THE POSTGRADUATE PROGRAM?  
☐ Yes ☐ No
15. LIST THE EXAM DATE YOU ARE PLANNING ON TAKING THE WISCONSIN CHIROPRACTIC LICENSURE EXAM:
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## PRECEPTORSHIP PROGRAM AGREEMENT

The following regulation/goals must be read and agreed upon by the preceptor and student prior to signing the agreement statement:

### THE PRECEPTOR:

- shall supervise no more than one chiropractic student at any one time;
- is responsible for the practice of the student;
- will identify the student to the patients of the preceptorship practice in such a way that no patient will tend to be misled as to the status of the student;
- shall have each patient or parent/guardian of each patient to provide informed consent to treatment of that patient by the student;
- will exercise direct, on-premises supervision of the student at all times during which the student is engaged in any facet of patient care in the clinic.

### THE PRECEPTORSHIP WILL TERMINATE IF:

- the student graduates from the college operating the preceptorship program;
- the graduate chiropractor is declared to have passed OR failed a chiropractic licensing examination by any licensing authority;
- six months have passed since the graduate chiropractor graduated from a chiropractic college;
- the preceptor is formally charged with a criminal offense which substantially relates to the practice of chiropractic;
- the preceptor is formally alleged to have violated the statutes or administrative rules pertaining to the practice of chiropractic;
- the preceptor is formally complained against in a civil action for malpractice.

We hereby agree that the above has been read and agreed to and will act in compliance with the terms of the preceptorship program determined by the Wisconsin Chiropractic Examining Board and the chiropractic college concerning the guidelines set for the preceptor and student in Wisconsin.

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(Supervising Chiropractor/Preceptor)

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(Date)

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(Student)

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(Date)